

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Division of Teaching and Learning Programs and Services
Bureau of Health and Nutrition Services and Child/Family/School Partnerships
25 Industrial Park Road
Middletown, Connecticut 06457-1543

M E M O R A N D U M

TO: Potential 2006 Summer Food Service Program (SFSP) Sponsors
FROM: Maureen B. Staggenborg, Director, Child Nutrition Programs
DATE: February 8, 2006

SUBJECT: **Operational Memorandum #02-06 - SFSP**

1. Income Eligibility Applications
2. Income Guidelines
3. Parent Letter
4. Documenting Eligibility of Closed Enrolled Sites and Camps in SFSP

1. Residential camps and sponsors with enrolled program sites (not located in low income areas) will be revising and printing income eligibility applications for the 2006 program. An original, sample Income Eligibility Application is enclosed, to be used to make copies for the program. It can be copied back to back. Due to the small print, this original should be retained to make future copies to ensure a readable form. It must be noted that the sample enclosed has not been revised. The 2003 version may still be utilized.
2. The Income Guidelines effective July 1, 2005 to June 30, 2006 are enclosed. These are for use by sponsors only to determine income eligibility categories and are not distributed to parents or households. New guidelines will be forwarded upon receipt from the U.S. Department of Agriculture. **Note: Eligibility determinations made prior to July 1, 2006 must be made using the guidelines in effect at the time the eligibility determination is made.**
3. A sample Letter to Parents containing the 2005-2006 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents/households with the income eligibility application. The two-page format provided allows the letter to be used from year to year with only the reduced income guidelines updated annually. Please note that the enclosed letter has not been revised. The 2003 versions may be used with the addition of the revised income guidelines.
4. Sponsors may document an enrolled site (not located in a low-income area) or camp site's eligibility by:
 - a. obtaining lists of names and eligibility status of enrolled children for free and reduced price meals from schools where the children receive school lunch or breakfast; or
 - b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted above. The local School Food Authority (SFA) may be unaware of this change and that parental consent forms are not required in order to provide this information to SFSP sponsors. The SFA is not required to provide this information; however, if sponsors have questions, contact the Child Nutrition Unit.

The income eligibility application, income guidelines, and sample parent letter are available for download from the SFSP website. The SFSP website can be accessed at the following location:
<http://www.state.ct.us/sde/deps/nutrition/SFSP/index.htm>

If there are questions, please contact Susan Bohuslaw at (860) 807-2073 or Robert Zwack at (860) 807-2081.

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Enclosures:

1. Income Eligibility Application
2. Income Guidelines
3. Sample Parent Letter

SAMPLE PARENT LETTER
SUMMER FOOD SERVICE PROGRAM (SFSP)

Enrolled Programs and Camps not Charging Separately for Meals

Dear Parent/Guardian:

The _____ is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

FOOD STAMP/TFA HOUSEHOLDS: If you currently receive Food Stamps or “Temporary Family Assistance” (TFA) for your child, you only have to list your child’s name, food stamp or TFA case number and sign the application. A child who receives food stamps or TFA benefits is automatically eligible for free meals in the Program.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

HOUSEHOLD MEMBERS: List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

SOCIAL SECURITY NUMBERS: List the social security number of the adult household member who signs the application. If the adult does not have a social security number, print “None”.

CURRENT INCOME: List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

SIGNATURE: An adult household member must sign the application.

REPORTING CHANGES: If you list income information, you must tell the program when your household income increases by \$50 or more per month (\$600 per year) or when your household size decreases. If you list a food stamp or TFA number, you must tell the program when you no longer receive these benefits for your child.

FOSTER CHILDREN: In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

NONDISCRIMINATION: The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

REAPPLICATION: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

Note: Attach the current reduced price income guidelines

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Attach to Parent Letter

GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS

EFFECTIVE FROM JULY 1, 2005 - JUNE 30, 2006

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	17,705	1,476	681	341
2	23,736	1,978	913	457
3	29,767	2,481	1,145	573
4	35,798	2,984	1,377	689
5	41,829	3,486	1,609	805
6	47,860	3,989	1,841	921
7	53,891	4,491	2,073	1,037
8	59,922	4,994	2,305	1,153
Each Additional Family Member	+6,031	+503	+232	+116